



# State of South Carolina

## Office of the Governor

MARK SANFORD  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROGRAMS

### MEMORANDUM OF UNDERSTANDING (MOU)/ STATEMENT OF CONFIDENTIALITY SOVA RESTITUTION SYSTEM (fax # 803-734-1708)

Every client has the right to privacy and confidentiality of his or her record. Information obtained in an individual's case record is designated confidential under state and federal law.

All staff and employees of the State Office of Victim Assistance (SOVA), including all agencies entering this MOU with SOVA, are under an equal obligation to treat as confidential any information they may acquire, by any means, about an applicant, a recipient or former recipient. Information obtained via this agreement is solely for the purpose of restitution recovery in the appropriate court in the State of South Carolina.

The fact that an individual is a current or past recipient of assistance from any SOVA program is considered confidential information. Information about a client may be shared among staff of SOVA, the MOU agency, or the court only as necessary for the recovery of restitution.

No information is to be shared outside of SOVA, the MOU agency, or the court with anyone except with the informed written authorization of the client or the person authorized to give consent on the client's behalf. Clients must be advised of the information that will be shared and the time period this sharing will take place.

MOU agencies and SOVA shall share information with one another that is related to the services(s) provided and administration of the program as described in the MOU without an additional release.

All requests for release of information to the parties shall be referred to SOVA. Under this Agreement, release of information to third parties is prohibited. This prohibition applies to police officers, legislators, lawyers and others who assert a need to know confidential information and is intended only for presentation in court for restitution recovery.

Breaches of confidentiality will be regarded as a serious offense and could be used as grounds for termination of Agreement.

I, \_\_\_\_\_ have read and understand this statement and  
(Please Print) agree to abide by it.

Employee's signature	Date
Social Security #	Job title
Work address/Circuit	City, State, Zip Code
Solicitor's signature	Date

\*Submit this form via fax to Larry Harris at 803-734-1708 to request and receive access to the SOVA Restitution system.

State Office of Victim Assistance  
1205 Pendleton Street  
Columbia, South Carolina 29201  
803-734-1900